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**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

<b>Applicant(s):</b>	<b>Steven W. Albrecht et al.</b>	<b>Docket No.</b>	<b>DT-024-US-01</b>
<b>Serial No.</b>	<b>10/654,167</b>	<b>Filing Date:</b>	<b>09/03/2003</b>
<b>Examiner:</b>	<b>Robert D. Harlan</b>	<b>Group Art Unit:</b>	<b>1713</b>
<b>Invention:</b>	<b>COMPOSITION AND METHOD RELATING TO A HOT MELT ADHESIVE</b>		

I hereby certify that the following is being facsimile transmitted to the United States  
Parent and Trademark Office to Fax. No. 571-273-8300 :

1. Request for Continued Examination Transmittal, 1 page;
2. Response to Office Action mailed on January 12, 2006, 9 pages; and
3. Declaration of Steven W. Albrecht including Figures 1-3, 5 pages.

**Please charge any additional fees or credit any overpayment to Deposit Account No. 06-2241.**

04/05/2006  
Date

Signature of Person Signing Certificate

**LeeAnn Molin**

**Typed or Printed Name of Person Signing Certificate**

18 Pages

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

10/654167  
DT-024-118-01

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

3/21/05 **CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	0
Independent	3	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 8=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	750

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 8=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 8=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 8=		OR	X\$18=	
X42=		OR	X84=	200.00
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	200.00

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.